

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09943369

CLAIMS AS FILED - PART I

SMALL ENTITY

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED <u>29</u>	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(b))		
TOTAL CLAIMS (37 CFR 1.16(c))	<u>29</u> minus 20 =	* <u>9</u>
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>3</u> minus 3 =	* <u>0</u>
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))	

RATE	FEES
_____	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	
OR	
TOTAL	<u>87200</u>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

50.000 - 70.000

**OTHER THAN
SMALL ENTITY**

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total (37 CFR 1.16(e))	*	Minus	**		=	
Independent (37 CFR 1.16(d))	*	Minus	***		=	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ ____ =		x \$ ____ =	
x ____ =		x ____ =	
+ ____ =		+ ____ =	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(b))	*	Minus	***	=

ADDITIONAL FEE		ADDITIONAL FEE	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ ____ =		OR x \$ ____ =	
x ____ =		OR x ____ =	
+ ____ =		OR + ____ =	
TOTAL DENT. FEE		OR TOTAL ADDITIONAL FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	*	Minus	**	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	

ADDITIONAL FEE		ADDITIONAL FEE	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ ____ =		x \$ ____ =	
OR		OR	
x ____ =		x ____ =	
OR		OR	
+ ____ =		+ ____ =	
OR		OR	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 2
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY